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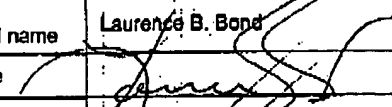
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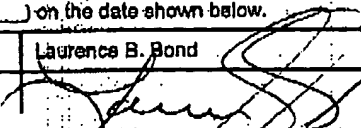
<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/077,359	
	Filing Date	February 15, 2002	
	First Named Inventor	Spransy et al.	
	Group Art Unit	3635	
	Examiner Name	Y. Horton	
		Attorney Docket Number	1988-4764US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Postcard receipt acknowledgment (attached to the front of this transmittal) <input checked="" type="checkbox"/> Duplicate copy of this transmittal sheet in the event that additional filing fees are required under 37 C.F.R. § 1.16 <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Response to Restriction Requirement/Election of Species Requirement dated: <input checked="" type="checkbox"/> Amendment in response to office action dated April 10, 2003 <input type="checkbox"/> Amendment under 37 C.F.R. § 1.116 in response to final office action dated: <input type="checkbox"/> Additional claims fee - Check No. in the amount of \$: <input type="checkbox"/> Letter to Chief Draftsman and copy of FIGS. with changes made in red <input type="checkbox"/> Transmittal of Formal Drawings <input type="checkbox"/> Formal Drawings ( sheets)	<input type="checkbox"/> Information Disclosure Statement, PTO/SB/08A; <input type="checkbox"/> copy of cited references <input type="checkbox"/> Supplemental Information Disclosure Statement; PTO/SB/08A; copy of cited references and Check No. in the amount of \$180.00 <input type="checkbox"/> Associate Power of Attorney <input checked="" type="checkbox"/> Petition for Extension of Time and request that fee be charged to Deposit Account 20-1489 <input type="checkbox"/> Petition <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Other Enclosure(s) (please identify below):
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Laurence B. Bond	Registration No. 30,549
Signature		
Date	September 10, 2003	

## CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents (Fax No. (703) 822-9326) on the date shown below.			
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